

<b>Issue Classification</b> 	Application No.		Applicant(s)	
	10/072,825		GIFFORD ET AL.	
	Examiner		Art Unit	
	Kevin T. Truong		3731	

ORIGINAL			CROSS REFERENCE(S)				
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
606	108	606	151				
INTERNATIONAL CLASSIFICATION							
A	6	B	17100				
			/				
			/				
			/				
			/				
 (Assistant Examiner) (Date)			 KEVIN T. TRUONG PRIMARY EXAMINER			Total Claims Allowed: 65	
(Legal Instruments Examiner) (Date)			(Primary Examiner) (Date)			O.G. Print Claim(s) 1	O.G. Print Fig. 4,5

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1	12	31	36	61	121	151
2	2	13	32	61	62	122	152
3	3	14	33	62	63	123	153
4	4	15	34	63	64	124	154
5	5	16	35	64	65	125	155
6	6	55	36	65	66	126	156
7	7	17	37	66	67	127	157
37	8	18	38	67	68	128	158
38	9	19	39	68	69	129	159
39	10	20	40	69	70	130	160
40	11	21	41	70	71	131	161
41	12	22	42	71	72	132	162
42	13	23	43	72	73	133	163
43	14	24	44	73	74	134	164
44	15	25	45	74	75	135	165
45	16	26	46	75	76	136	166
46	17	27	47	76	77	137	167
47	18	28	48	77	78	138	168
48	19	29	49	78	79	139	169
49	20	30	50	79	80	140	170
50	21	31	51	80	81	141	171
51	22	32	52	81	82	142	172
52	23	33	53	82	83	143	173
53	24	34	54	83	84	144	174
54	25	35	55	84	85	145	175
7	26	56	56	85	86	146	176
8	27	57	57	86	87	147	177
9	28	58	58	87	88	148	178
10	29	59	59	88	89	149	179
11	30	60	60	89	90	150	180

<b>Issue Classification</b> 	Application No.	Applicant(s)
	10/072,825	GIFFORD ET AL.
	Examiner	Art Unit
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<b>ISSUE CLASSIFICATION</b>			
ORIGINAL		CROSS REFERENCE(S)	
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)
606	108	606	151
INTERNATIONAL CLASSIFICATION			
A	61	B	171/00
			/
			/
			/
			/
(Assistant Examiner) (Date)		 KEVIN T. TRUONG PRIMARY EXAMINER	
(Legal Instruments Examiner) (Date)		(Primary Examiner) (Date)	
		Total Claims Allowed: 64	
		O.G. Print Claim(s)	O.G. Print Fig.
		1	4,5

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R. 1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1	12	31	36	61	121	181
2	2	13	32	60	62	122	182
3	3	14	33	61	63	123	183
4	4	15	34	62	64	124	184
5	5	16	35	63	65	125	185
6	6	50	36	64	66	126	186
5	7	17	37	65	67	127	187
32	8	18	38	66	68	128	188
33	9	19	39	67	69	129	189
34	10	20	40	68	70	130	190
35	11	21	41	69	71	131	191
36	12	22	42	70	72	132	192
37	13	23	43	71	73	133	193
38	14	24	44	72	74	134	194
39	15	25	45	73	75	135	195
40	16	26	46	74	76	136	196
41	17	27	47	75	77	137	197
42	18	28	48	76	78	138	198
43	19	29	49	77	79	139	199
44	20	30	50	78	80	140	200
45	21	31	51	79	81	141	201
46	22	32	52	80	82	142	202
47	23	33	53	81	83	143	203
48	24	34	54	82	84	144	204
49	25	35	55	83	85	145	205
7	26	36	56	84	86	146	206
8	27	37	57	85	87	147	207
9	28	38	58	86	88	148	208
10	29	39	59	87	89	149	209
11	30	40	60	88	90	150	210